

**ADMINISTRATIVE OFFICE OF THE COURTS**  
**Department of Family Administration**  
**CASA GRANT APPLICATION**  
**Fiscal Year 2008**

1. Full Name and Address of Grantee:
2. Federal Tax ID Number:\_\_\_\_\_
3. Executive Director \_\_\_\_\_ Phone Number\_\_\_\_\_
- Address: \_\_\_\_\_
- E-mail address\_\_\_\_\_ Fax Number\_\_\_\_\_
- 
4. (a) Request from Administrative Office of the Courts \$\_\_\_\_\_
- (b) Applicant cost-sharing portion (Match) \$\_\_\_\_\_
- (c) Total Project Funding \$\_\_\_\_\_
5. Type of Funding: \_\_\_\_New \_\_\_\_Renewal \_\_\_\_Modification
6. Time Period of Grant Request: From \_\_\_\_\_ to \_\_\_\_\_

**In applying for CASA Grant funds, applicants agree to abide by the Fiscal Year 2008 Grant Guidelines.**

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| <p>7. Name and Address of Authorizing Official<br/>(Agency or Unit Head of Local Jurisdiction)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____ Date _____</p> | <p>6. Name, Address, and Telephone Number<br/>of Authorizing Fiscal Agent (Local Jurisdiction)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(____) _____</p> <p>Telephone _____</p> |
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## Part 1: PROGRAM CAPACITY

See page 5-6 of A Performance Based Funding Model for Maryland CASA Programs

**A. Capacity Level Base Funding.** Please record the number of active volunteers that were assigned to and served children during the prior four quarters, as reported by your organization.

No. Active Volunteers			
4 <sup>th</sup> Qtr SFY06			
1 <sup>st</sup> Qtr SFY07			
2 <sup>nd</sup> Qtr SFY07			
3 <sup>rd</sup> Qtr SFY07			
TOTAL:		$\div 4 =$	Average Active Volunteers

### Capacity Level Base Funding

Program Capacity Level (see p. 6):	
Capacity Level Base Funding	

**B. Non-Renewable Expansion Grant Funds (If Applicable).** If desirable, your organization may apply for a non-renewable expansion grant to support planned efforts to enhance the program's capacity to serve additional children. Please keep in mind that matching fund requirements also apply to expansion grants. **Maximum Expansion Grant per Organization for SFY08: \$22,500.** Complete this section only if your organization is applying for a non-renewable expansion grant.

### Data to Support Request for Expansion Grant

1. Jurisdiction(s) to be Served by this Expansion Grant:	
2. No. of children in foster care in the jurisdiction in the last year for which data is available:	
3. No. of children currently served by the program:	
4. No. of CINA and TPR cases filed or reopened during the prior fiscal year:	
5. No. of children newly assigned a CASA during the last fiscal year:	

### Expansion Grant Requested

Expansion Grant Funds requested:	
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**Narrative.** Please insert below a description of why an expansion grant is needed and what your program hopes to accomplish with the additional funds. What positions do you hope to create and how will your organization provide the required additional match required.

**C. Multi-jurisdictional Bonus (If Applicable).** Jurisdictions that serve more than one jurisdiction are entitled to a multi-jurisdictional bonus, provided their service to that jurisdiction is substantial. **Maximum Amount of Jurisdictional Bonus (per additional jurisdiction served): \$20,000.** *Complete this section only if your organization is applying for a multi-jurisdictional bonus.*

#### **Data to Support Request for Multi-jurisdictional Bonus**

1. List of all jurisdictions that will be served by the program:	
2. No. of children served by the program in each jurisdiction during the prior year (list separately):	

#### **Multijurisdictional Bonus Requested**

Amt. of Multi-jurisdictional Bonus requested:	
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**Narrative.** *Please insert below a description of how your program will work to ensure all jurisdictions are adequately served. Indicate whether staff or resources are specifically assigned, how recruitment efforts are handled, and whether your organization has offices or uses facilities in each jurisdiction. Does the program's board include members from all jurisdictions served? Are fundraising efforts focused on all jurisdictions served?*

## Part 2: PROGRAM PERFORMANCE

*See pages 7-10 of A Performance Based Funding Model for Maryland CASA Programs*

The amount of funding awarded each program in this section will be based on the program's fulfillment of the "Ten-Point Performance Model" outlined on pages 7-10 of *A Performance Based Funding Model for Maryland CASA Programs*. Each point is weighted equally (25 points each) for a total possible performance score of 250. **Maximum performance award per grantee for SFY08 is \$35,000.**

### Performance Grant Requested

Amt. of Performance Grant requested:	
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**Narrative.** *Please insert a narrative outlining how the program fulfills each of the ten points. Please address each point individually.*

## MATCH: Applicant Cost-Sharing Portion

Applicants are required to provide a 100% match for all grant-funded expenditures.

**Narrative.** *Please insert below an explanation of how your program will meet its matching fund requirements.*

## GRANT REQUEST SUMMARY

### CASA Grant Request Summary

1A. Base Capacity Funding Requested:	
1B. Expansion Grant Requested (If Applicable):	
1C. Multi-jurisdictional Bonus Requested (If Applicable):	
2. Program Performance Grant Requested:	
<b>TOTAL GRANT REQUESTED:</b>	
<b>Applicant Cost Sharing (100% Match):</b>	
<b>Total Program Funds:</b>	

## LETTERS OF SUPPORT

Please attach a letter of support from the juvenile judge of the Circuit Court for each jurisdiction to be served by the program.

## BUDGET FY2007

### CASA Grantees

GRANTEE:

Please complete the table below to indicate your proposed project budget for FY2008. This budget should reflect how you expect to spend your FY2008 CASA Grant Award. If the full amount is awarded it will be signed and returned to you. If a lesser amount is awarded you will be asked to submit an adjusted budget.

Please enclose with your grant application and forward to:

Pamela Cardullo Ortiz, Executive Director  
Department of Family Administration  
Administrative Office of the Courts  
580 Taylor Avenue, 2<sup>nd</sup> floor  
Annapolis, Maryland 21401  
(410) 260-1580

FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED.

<i>Description</i>	<i>CASA Grant Annual Expenditures</i>	<i>CASA Grant One-Time Costs</i>	<i>Total CASA Grant Expenses [A + B]</i>	<i>Contributions from Other Sources</i>	<i>TOTAL Program Costs [C + D]</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>
<b>OPERATIONAL EXPENSES</b>					
<i>Personnel (list positions &amp; itemize salary/fringe for each):</i> 1. 2. 3. 4.					
<i>Contracts/Consultants (list each separately):</i> 1. 2. 3.					
<i>Equipment/Software (list each separately):</i> 1. 2. 3.					
<i>Printing/Photocopying</i>					
<i>Supplies</i>					
<i>Travel</i>					
<i>Other Direct Costs (specify):</i> 1. 2. 3. 4.					
<i>Indirect Costs/Administrative</i>					
<b>TOTALS:</b>					

SUBMITTED BY:

APPROVED:

\_\_\_\_\_  
Name and Title\_\_\_\_\_  
Date\_\_\_\_\_  
Pamela Cardullo Ortiz, Exec. Dir., DFA\_\_\_\_\_  
Date